

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 50

Primary Registration District No. 4330

Registrar's No. 25

1. PLACE OF DEATH:

(a) County MILLER  
(b) City or town ELDON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: NONE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE 2  
(Specify whether years, months or days) years

3. (a) PRINT FULL NAME Louis Leonard Chidester

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White

6. (b) Name of husband or wife Mable Chidester 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased AUGUST 4 1845  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>7</u>	<u>24</u>	hr. min.

9. Birthplace Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Henry Chidester  
13. Birthplace Unknown Ky.  
(City, town, or county) (State or foreign country)

MOTHER FATHER  
14. Maiden name Rachel Hathaway  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clara S. Krater  
(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 3/31/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Doolley Cem.

18. (a) Signature of funeral director Keith M. Kays  
(b) Address Eldon, Missouri

19. (a) 3-31-1940 Belle Haynie  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MILLER  
(c) City or town ELDON  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1940 hour 9 minute 50 M.

21. I hereby certify that I attended the deceased from January 25, 1940 to March 28, 1940  
that I last saw him alive on March 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 3 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions cardinals of Prestate  
(Include pregnancy, within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy no

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature A. F. Burkholder M. D. or other do  
Address Eldon Mo Date signed 3-31-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Miller County Health Dep't.

County File Number 40-45

Date Filed 4-11-40

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Keith M. Kays.....

Licensed Embalmer No. 3998.....

P. O. Address Eldon Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.